

Department of Community Health  
EMS and Trauma Systems Section  
**Emergency Medical Services Personnel**  
P.O. Box 30717  
Lansing, MI 48909  
(517) 241-0179

DCH/EMS-003 (05/04)

Board Use Only

**DATA CHANGE/DUPLICATE LICENSE REQUEST**

Authority: Public Act 368 of 1978, as amended.

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

**Instructions: Type or print only. Sign and return this form to the address listed above. Changes will not be made unless this form is signed.**

Current Name on License/Registration: \_\_\_\_\_  
Last First Middle

Please indicate the license you are requesting to be changed:

License Number: \_\_\_\_\_

Date of Birth

Phone Number

U. S. Social Security Number

**Please check the boxes below for the service you are requesting:**

- ☐ 1. **NAME CHANGE:** I request the Department to change my records due to a name change. Signature must be provided.

**New Name:** \_\_\_\_\_  
(Print Clearly) Last First Middle

Reason for Change: \_\_\_\_\_

- ☐ 2. **ADDRESS CHANGE:** I request the Department to change my record due to an address change.

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

- ☐ 3. **DUPLICATE LICENSE:** I have enclosed the required fee of \$10.00 for the license that I am requesting the Department to issue a duplicate for. Please check the reason why you are requesting the duplicate license:

☐ Data Change ☐ Lost ☐ Stolen ☐ Not received ☐ Destroyed

**You will not receive notification of the change(s). You can check our web site after two weeks to confirm the change by selecting the "verify a license" link at <http://www.michigan.gov/healthlicense>**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)